

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MA119029037

Date In: <u>4/3/19, 10:36</u>	Job description	Date & Time Completed	Done by
Ref No: <u>MA119029037/24</u>	SAS e-filing		
Veh No: <u>MC667K</u>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <u>24/19, 14:30</u>	i-Motor Claim Form	<u>MT/1634380-02</u>	<u>4/3/19 11:29</u>
OD : <u>TP</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <u>SL2432EL</u>	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: ()	% [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

<u>MA1901667</u>	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	for Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	04/03/2019 10:56
Date Of Accident	02/03/2019 14:30
Exact Location Of Accident	CTE (SLE) BEFORE AMK AVE 3 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC6695K
Insured/Policyholder	
Name Of Registered Owner	FAST CAR RENTAL PTE LTD
Co Reg No	201627918G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81383333
Alternative Phone No	OFFICE-81383333
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC AUTO W/O ROOF RACK
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102589967
Cover Note Number	
Driver	
Name of Driver	KESAVARAJAN S/O MEANDE
NRIC No	S7122008G
Date Of Birth	25/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1992
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91518257
Fax Number	
Contact Number	OFFICE-91518257
Email Address	NOEMAIL

Address	BLK 2 HOLLAND AVENUE #04-80
Postcode	271002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. WHEN I ALIGHT FROM MY VEHICLE THERE WAS 3 VEHICLES INVOLVED IN AN ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ4725L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HE MINGHUI
NRIC/Passport Number	S8275605A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN4931X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AREN LEE JUN KANG
NRIC/Passport Number	S9530703E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

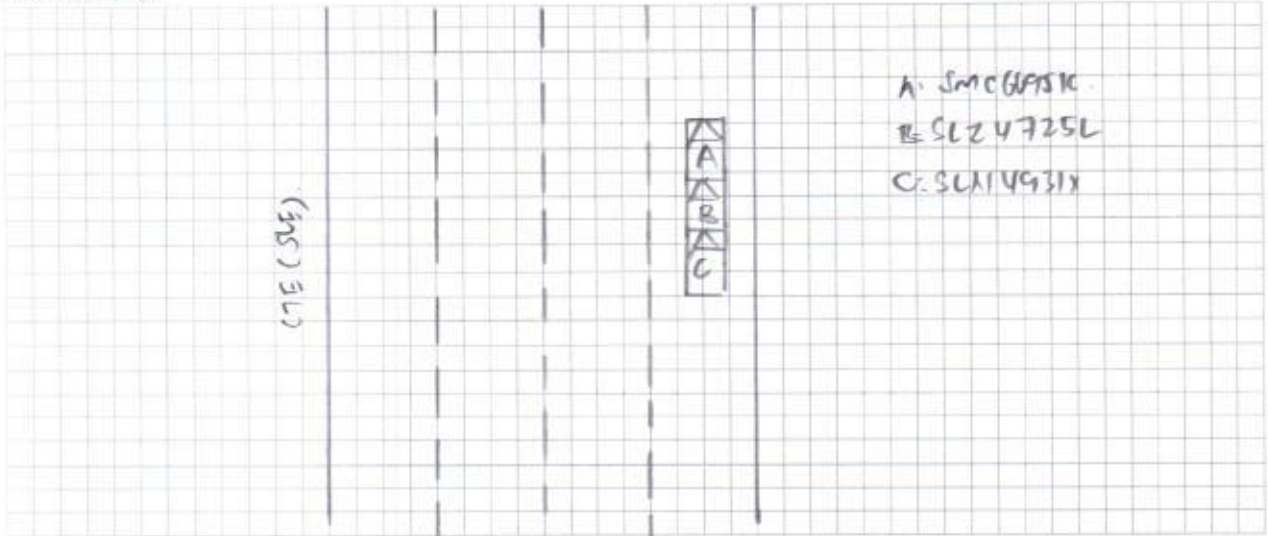


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7122008G**

Name
KESAVARAJAN S/O MEANDE

Birth Date: **25 Jun 1971**
Issue Date: **28 Apr 2003**

000430442D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7122008G**



Name
KESAVARAJAN S/O MEANDE

Race
INDIAN

Date of Birth **25-06-1971** Sex **M**

Country of Birth
SINGAPORE

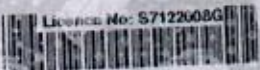


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 1 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilo-grams**

PAS DATE
29 Apr 1992

LICENCE No: **S7122008G**



NP 428A

2978249



NRIC No: **S7122008G**



Blood Group **O+** Date of issue **01-09-1997**

APT BLK 2 HOLLAND AVENUE #04-80
SINGAPORE 271002

NRIC No: **S7122008G** Date: **24/01/2018**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102589967		FAST CAR RENTAL PTE LTD	201627918G	GPC	Third Party	SMC6695K	SMC6695K	21/07/2018	20/07/2019

 Policy Information

Policy No.	5102589967	Policyholder Name	FAST CAR RENTAL PTE LTD	Policyholder NRIC	201627918G
Certificate No.					
Address	68 KAKI BUKIT AVENUE 6 #02-08 ARK@KB SINGAPORE 417896				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/07/2018	Effective Date	21/07/2018 00:00	Expiry Date	20/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	YAN XUDONG	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	02-08	Related Policy Number	5105517794		

 Insured Object: SMC6695K

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

• Exit

Accident MT/1034380

Policy No.	5102589967	Vehicle No.	SMC6695K	GST Registration No.	
Certificate No.					
Policyholder Name	FAST CAR RENTAL PTE LTD	Cover Type	Third Party	Policyholder NRIC	201627918G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	81383333	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	aCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details		Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Report Date	04/03/2019 11:26	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Date of Accident	02/03/2019	Orange Force		ICM No.	
Reporting Centre					
Accident Location	CTE (SLE) BEFORE AMK AVE 3 EXIT				
Excess		Additional Excess	0	Windscreen Excess	0.00
Own damage Excess	0.00	Outside Singapore OD Excess	0.00		
Unnamed Driver Excess		Outside Singapore TP Excess	1,500.00		
Third Party Excess	1,500.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	58 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	02-08	Related Policy Number	5105517794		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/05/1971
Unnamed driver Name	KESAVARAJAN S/O MEANDE	Driver NRIC	S7122008G	Driving Experience	26
Register Date of Driver License	29/04/1992	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	91918257	Contact No.(Office)	0	Address 3	SINGAPORE 271002
Address 1	BLK 2	Address 2	HOLLAND AVENUE	Post Code	271002
Address 4		Address Type	Singapore address		
Unit No.	04-80				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	FAST CAR RENTAL PTE LTD	Insured NRIC	201627918G
Contact No.(Mobile)	81383333	Contact No.(Home)		Contact No.(Office)	NBL
Email Address		OT Vehicle Number	SMC6695K	TP Vehicle Number	SL2472SL
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMC6695K / SL2472SL ON 2 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalization	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/03/2019 11:29	Claim Close Date		Date Received	04/03/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1034380	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/03/2019 11:30			
Path *		Category *	Confidential	Urgency *	Description *	
	Browse...	Clear	Please Select	<input type="radio"/> NO <input checked="" type="radio"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> NO <input checked="" type="radio"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> NO <input checked="" type="radio"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> NO <input checked="" type="radio"/> YES	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Mar 2019 11:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Mar 2019 11:30	SAS	Normal	SAS 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Mar 2019 11:30	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Mar 2019 11:29	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Mar 2019 11:29	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Mar 2019 11:29	Photos	Normal	Photos 2019-3-4		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Mar 2019 11:29	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Mar 2019 11:29	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Mar 2019 11:29	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Mar 2019 11:29	Photos	Normal	Photos 2019-3-4		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				